

## APPENDIX 6

### CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION

#### NOTICE OF INTENT TO COMPLY WITH ORDER NO. R4-2005-XXXX CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES FROM IRRIGATED LANDS FOR DISCHARGER GROUPS

##### 1. Discharger Group Information

Discharger Group Name:			
Facility Name <sup>1</sup>			
Physical Address:			
City:	County:	Zip:	Phone:
Mailing Address			
City	State	Zip	
Assessor's Parcel Number:		Closest Surface Water and Distance:	
Township and Range:			
Contact Person:			

The Discharger Group representative's information shall be included in the above information box. A Membership Document shall be included with this NOI, listing each individual discharger participated in the group. This document shall also provide information for each individual discharger as listed in Sections below, including; the owner and facility locations, physical and mailing address, phone number, assessor parcel number(s), GPS coordinates, discharge risk, closest surface water body and description of pollution management practices in place. A facility includes lands where water is applied for the purpose of producing crops and includes commercial nurseries, nursery stock production.

##### 2. Billing Address (if different from above)

Name:			
Street Address:			
City:	County:	Zip:	Phone:
Contact Person:			

<sup>1</sup> Facilities include lands where water is applied for the purpose of producing crops and includes commercial nurseries, and nursery stock production.

## 3. Reason(s) for Filing

<input type="checkbox"/> New Discharger Group <input type="checkbox"/> Existing Discharger Group <input type="checkbox"/> Expansion	<input type="checkbox"/> Changes in Ownership/Operator or addition of Discharger(s) to Discharger Group <input type="checkbox"/> Expiration of Conditional Waiver Date of Conditional Waiver: <input type="checkbox"/> Other:
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4. Site Information<sup>2</sup>

Street Address:		
City:	County:	Total size of Discharger Group site (acres):
Assessor's Parcel Number:	Closest Surface Water and Distance:	
Township and Range:		
Mark only One Item: 1. <input type="checkbox"/> Low Risk <sup>3</sup> 2. <input type="checkbox"/> Typical  Please characterize each property or group of properties as Low Risk or Typical. These designations are based on existing agricultural practices fully described in the Conditional Waiver, Order No. R4-2005-XXXX, and the Monitoring and Reporting Plan, No. CI-8836. The following questions provide guidance on property that is likely to qualify as Low Risk.		
1) Is all irrigation by drip-tape or line, mini sprinklers, or other water-saving device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Are fertilizer application volumes documented to be no more than the nitrogen requirements as determined by methodology proposed by the Discharger and approved by the Executive Officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Is pesticide application performed in accordance with Integrated Pest Management Guidelines provided by University of California Cooperative Extension or the National Resource Conservation Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Does the irrigated land have at least a 50-foot setback from any water body or wetland or is it separated from that waterbody by buffer strips?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5) Was irrigation runoff observed during the most recent year, except for storm runoff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6) Have pesticides listed for the watershed on the most recent 303(d) list been used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7) Is sediment retained on the property (even during storms) by filter strips, buffer zones, retention basins, or other management practices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8) Are tile drains in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9) Is the discharge impounded or treated, and/or is it documented to meet all WQOs, TMDL load reductions and CTR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<sup>2</sup> Attach a scale map (to include property boundary and discharge area of the Discharger Group and identify the surface watercourses within the boundary) and vicinity map (showing location in relationship to major road intersections, lot and tract boundaries, etc.)

<sup>3</sup> Low Risk and Typical are designations based on existing agricultural practices fully described in the Conditional Waiver, Order No. R4-2005-XXXX, and the Monitoring and Reporting Plan, No. CI-8836

If Low-risk designation is chosen, please use the space below, or attach additional sheet, to describe the conditions that qualify the property or a group of properties for this designation. If insufficient information is submitted, the discharge or group of discharges will be classified as Typical.

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Latitude/longitude:

_____ Deg. _____ Min. _____ Sec. W. _____ Deg. _____ Min. _____ Sec. W.
Depth to groundwater (feet) - may use estimate based on regional groundwater data:
Identify all water supply wells within 500 feet of the nearest edge of each property or group of properties:
Identify all waterbodies within 500 feet of the nearest edge of each property or group of properties:

## 5. Water Supply

Average quantity (average daily amount used) for each operation or typical operation per acre:
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## 6. Type of Discharge

Estimated volume or flow of discharge (gallons or gallons per day) for each operation or typical operation per acre		
Average daily:	Maximum daily:	If intermittent flow, provide frequency:

## 7. Facility Information

Type and Volume of Crops Produced each year for each operation or typical operation:	
Total Acreage of Irrigated Lands	
Type and quantity of pesticides applied and % frequency of application with irrigation and using IPM guidelines for each operation.	Identify properties located inside or outside areas of groundwater impairment or discharge on the group map or describe.
Frequency of pesticide application following Integrated Pest Management guidelines for each operation	Storm water/Tail water management practices in place for each operation.
Irrigation schedule:	% Fertilizer application decisions informed by leaf/plant testing for each operation.
% Irrigation by drip tape, mini sprinklers or other water saving method for each operation or for all properties or crops with identical methods:	
Describe other management practices in place which may mitigate contamination of water by fertilizer, pesticide, storm water, tile drain or tail water discharges and number and location of properties where they occur or which they may affect.	



9. Certification:

Each member of the group listed in the Participation Document and described above will provide a signature on the certification below.

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." In addition, I certify that the provisions of the Conditional Waiver and the Monitoring and Reporting Program, will be complied with.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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